FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073



electronically.
Effective May 1, 2010, ell statements and reports for State PACs and State Parties must be filed electronically.

LA ETHICS AND 2011 JAN 18 AM 11: 154

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COMMITTEE NAME (Must be same as on Statement of C	Prganization)	7 _	<u> </u>	<u>/\</u>
Citizens for Freemire			FORM	
IMPORTANT: Indicate by # type of committee you are reporting f (1) Statewide/Legislative/Judge Standing for Retention Candidate (4) County Central Committee (5) County Candidate (6) City County Indicate (6) City County Indicate (10) School Ballot Issue	(2) State PAC (3) State Party	(E	DR-2 Rev. 12/2009) or Office Use On	DISCLOSURE REPORT
CANDIDATE COMMITTEES ONLY:		= 1 -	ogged In DA	
Candidate Name	Political Party (If applicable)		canned SID	
Michael J. Freemire		c	omputer	
Office Sought Mayor - Bettendorf	District (if Senate or House)	A	udited	
ate reports are subject to possible civil and criminal penantes. andidate's committee, and the chairperson, for any other type	Pursuant to lowa Code sections 68B.32A(of committee, is the individual responsible	7) and 68 for filing t	A.401(3), the car imely and accure	rdidate, for a te reports.
That I want	5 <i>633533090</i>		7 SAN ZO	90/
IGNATURE OF PERSON FILING REPORT	TELEPHONE		DATE S	IGNED
AM FILING A local candidates	REPORT FOR (1) ELECTION	(2)NON-	ELECTION YE	AR.
(report date)	Indicate by #			W
CHECK IF AMENDMENT TO REPORT DATED	-		mittees, enter Da	te of Election
Check if this is final (termination) report and attach Notice (You must continue to file reports until a DR-3 is f	iled.)	County & L which Elec Scott	ocal Committees tion is held	, enter County in
STATEMENT OF CASH ON HA	ND			
ASH ON HAND at the beginning of the reporting period.	(Total of all funds held by the			
of the last reporting period or must be zero if this	he cash on hand at the end	s	561. <u>51</u>	
of the last reporting period or must be zero if this ADD TOTAL MONEY TAKEN IN THIS PERIOD	he cash on hand at the end	.	561.51	
of the last reporting period or must be zero if this ADD TOTAL MONEY TAKEN IN THIS PERIOD	he cash on hand at the end is first report filed.)		561.51 0.00	
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FOR INSTRUCTIONS, SEE BACK OF FORM

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200000000000000000000000000000000000000	274.00
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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES		
CHECK THIS BOX IF AMENDING FORM			

COMMITTE	E NAME (Must be	same as on Statement of Organization)		
Citizens for	Freemire			
DATE EXPENDED (MM/DD/YR)	CANDIDATÉ ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
28 May 2010		l Club 5223 Middle Road Bettendorf, Iowa 52722	Promotional signage	\$ 100.00
	ID#			
	CK#			
	ID#			
	CK#			
<u></u>	ID#			
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	1D#			
	CK#			
<u> </u>			SUB-TOT/	\$ 100.00
			TOTAL (If last page of this schedul	(e) \$ 100.00

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THE BAY	APPLIES TO CANDIDATES' COMMITTEES O	NLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, poiling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

Page 1 of 1	
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FOR INSTRUCTIONS, SEE BACK OF FORM				SCHEDULE		
COMMITTEE NAME (Must be same as on Statement of Organization)				E IN-KIND (Rev. 06/97) CONTRIBUTION		
Citizens for	r Freemire	_		- CHECK T	THE POY IF	
				CHECK THIS BOX IF AMENDING FORM		
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION	
01 Sept 2010	Dave Smith 1049 State Street Bettendorf, Iowa 52722	None	Website hosting for the year	\$ 20.00		
SUB-TOTAL				20.00		
			TOTAL (if last page of this schedule)	20.00		
committee. R	w requires candidates to disclose the relationship of elationship must be shown to the third degree of co (See Page 2 of forms packet.) If surname of cont nship, enter "not applicable" in the relationship colu	onsanguinity (blood rele ributor is the same as	ntives) and affinity (relative	9 8	of 1 (for Schedule E)	